



Effective on 12/08/04
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	09/923,753
Filing Date	August 6, 2001
First Named Inventor	Wassim Fayed
Examiner Name	Kevin R. Schubert
Art Unit	2137
Attorney Docket No.	150570.01
Express Mail Label No.	

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 22 - 29 or HP = 0 x 50 = 0
HP = highest number of total claims paid for, if greater than 20
Indep. Claims 4 - 6 or HP = 0 x 200 = 0
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) 0 Fee Paid (\$) 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 22 - 100 = 0 **Extra Sheets** / 50 = 0 **Number of each additional 50 or fraction thereof** x 250 = 0 **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)** 0
Other: **Fees Paid (\$)** 0

SUBMITTED BY

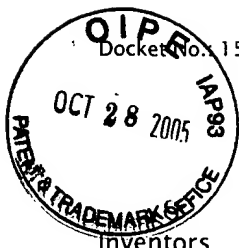
Signature	<i>David Lee</i>	Registration No. (Attorney/Agent) 38,222	Telephone (425) 703-8092
Name (Print/Type)	David Lee	Date October 26, 2005	

2137
TW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/923,753
	Filing Date	August 6, 2001
	First Named Inventor	Wassim Fayed
	Group Art Unit	2137
	Examiner Name	Kevin R. Schubert
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	150570.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate; \$0.00 total fee) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Supplemental Response to Restriction Requirement of June 16, 2005 and Notice of Non-Responsive Action of September 27, 2005 (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) (sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____. <u>October 26, 2005</u> Date Signature <u>Noemi Tovar</u> Printed Name	<input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement	<input type="checkbox"/> Request for Corrected Filing Receipt
	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this transmittal form. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> CD, Number of CD(s) _____	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature		Reg. No.	38,222		
Name of Attorney or Agent		David Lee			
Date	October 26, 2005	Tel.	(425) 703-8092	Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			



Docket No. 150570.01

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors	: Fayed, et al.)	
)	
Applicant	: Microsoft Corporation)	
)	
Serial No.	: 09/923,753)	Examiner: K. Schubert
)	
Filed	: August 6, 2001)	Art Unit: 2137
)	
For	: Method And System For)	Confirmation No.: 3571
	Discouraging Unauthorized)	
	Copying Of A Computer)	
	Program)	

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL RESPONSE TO RESTRICTION REQUIREMENT OF JUNE 16, 2005

Sir:

In further response to the Restriction Requirement of June 16, 2005, and in response to the Notice of Non-Responsive Action of September 27, 2005, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.